

# Rescue Surgical Consent Form



Rescue/Foster Group: \_\_\_\_\_

**YOUR Name:** \_\_\_\_\_ **YOUR Phone Number:** \_\_\_\_\_

Primary phone number(s) for questions and payment: \_\_\_\_\_

Who is paying for services? \_\_\_\_\_ CC on File **Yes / No** (if no please enter card info below)

Credit Card: \_\_\_\_\_ Expiration: \_\_\_\_\_ CCV: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Pets Name	Sex <small>Please circle</small>	Surgery	Species <small>Please circle</small>	Description <small>Breed/Color/Age</small>	Vaccines <u>covered</u> by rescue <b>(DOG)</b>	Vaccines <u>covered</u> by rescue <b>(CAT)</b>	EXTRA services <b><u>COVERED</u></b> by rescue	Weight <small>Staff Use Only</small>	
	M	Spay	DOG		<input type="checkbox"/> Rabies <input type="checkbox"/> Da2PP <input type="checkbox"/> Da2PP + Lepto <input type="checkbox"/> Bord <input type="checkbox"/> HW Test	<input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> FVRCP/FelV combo <input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> E-Collar <input type="checkbox"/> Microchip <input type="checkbox"/> Pain Meds <input type="checkbox"/> Sedatives <input type="checkbox"/> Other:	<input type="checkbox"/> Hernia Repair <input type="checkbox"/> In Heat <input type="checkbox"/> Pregnancy <input type="checkbox"/> Cryptorchid	K#: _____
	F	Neuter	CAT						
	M	Spay	DOG		<input type="checkbox"/> Rabies <input type="checkbox"/> Da2PP <input type="checkbox"/> Da2PP + Lepto <input type="checkbox"/> Bord <input type="checkbox"/> HW Test	<input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> FVRCP/FelV combo <input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> E-Collar <input type="checkbox"/> Microchip <input type="checkbox"/> Pain Meds <input type="checkbox"/> Sedatives <input type="checkbox"/> Other:	<input type="checkbox"/> Hernia Repair <input type="checkbox"/> In Heat <input type="checkbox"/> Pregnancy <input type="checkbox"/> Cryptorchid	K#: _____
	F	Neuter	CAT						
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	F	Neuter	CAT						

## SURGICAL CONSENT

*I hereby authorize Dr. Kelly's surgical team to provide veterinary medical and surgical care to above listed pets. I understand the nature of today's procedure(s) and have had the opportunity to ask questions related to potential side effects, risks, and difficulties. I am aware that complications may arise during surgery, and no guarantees have been made or implied concerning the results of the surgery. I understand that Dr. Kelly's Surgical Unit is not responsible for any costs that may arise as a result of surgical complications. I acknowledge that I have fully read and understand this surgical consent and agree to proceed with the scheduled surgery.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_